



CHARLOTTE COUNTY TAX
COLLECTOR'S OFFICE

Vickie L. Potts, Tax
Collector

[APPLICATION FOR APPOINTMENT]

All applicants will be considered without regard to race, color, sex, religion, age, national origin, or non-job related handicap.

CHARLOTTE COUNTY TAX COLLECTOR
VICKIE L. POTTS, TAX COLLECTOR
APPLICATION FOR APPOINTMENT

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PERSONAL INFORMATION

Date _____

Name: _____

Last

First

Middle

Present Address: _____

Street

City

State/Zip

Permanent Address _____

Street

City

State/Zip

Phone Number: _____ Social Security Number _____

Are you 18 years of age or Older? ____ Yes ____ No

If related to anyone in our employ state name: _____

Referred by: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Wages Desired: _____

Have you filed an application here before? Yes ____ No ____ If yes, give date: _____

Have you been employed here before? ____ Yes ____ No

Are you employed at this time? ____ Yes ____ No May we contact your employer? ____ Yes ____ No

Are you currently on lay-off and subject to recall? ____ Yes ____ No

Are you available to work? ____ Full-time ____ Part-time ____ Temporary

Due to the nature of the work performed by our office in serving the public, overtime, weekend work, and travel may be required. If you have a specific time during which you are unable to work, please identify any limitations.

Do you own a vehicle? ____ Yes ____ No Driver's License? ____ Yes ____ No

Driver's License Number: _____ State of Issue: _____

Do you have any current moving violations or restrictions on your driver's license? ____ Yes ____ No

Has your license ever been revoked or suspended? ____ Yes ____ No

Can you make overnight or weeklong trips if required? ____ Yes ____ No

Are you a veteran of the U.S. Military? ____ Yes ____ No

If yes, what branch? _____

From: _____ To: _____ Rank at discharge: _____

REFERENCES: List the names of three persons not related to whom you have known at least one year.

Name	Address	Telephone	Years Known

EMPLOYMENT HISTORY

Start with your present or last job and go back in time. Also, give reason for lapse of time where date of termination from one employer does not correspond with date of next employment. To verify these employments we must have the correct addresses for each previous employer.

Employer: _____

Address: _____

Job title:	Employed from:	To
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Hourly rate or salary:	Start \$	Last \$
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Reason for leaving: _____

Brief description of duties: _____

Employer: _____

Address: _____

Job title:	Employed from:	To
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Hourly rate or salary: _____ Start \$ _____ Last \$ _____

Reason for leaving: _____

Brief description of duties:

Employer: _____

Address: _____

Job title: _____ Employed from: _____ To _____

Hourly rate or salary: _____ Start \$ _____ Last \$ _____

Reason for leaving: _____

Brief description of duties:

EDUCATION

School Name/Location	Years Completed	Course of Study	Degree
Course Study:			
Special Training, Apprenticeship or Skills:			
State any additional information you feel may be helpful to us in considering your application:			

APPOINTMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this appointment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am appointed may result in my dismissal.

I hereby authorize Charlotte County Tax Collector to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer-reporting agency to be used for appointment purposes in accordance with Fair Credit Reporting Act. I authorize the references and previous employers listed to give the Tax Collector all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Tax Collector, including, but not limited to, any liability for defamation or invasion of privacy.

In the event that I am required to work overtime, I understand and agree that I will receive either time and one-half pay or compensatory time off, at the discretion of the Tax Collector.

If I am offered an appointment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including a drug screen test. If then appointed, I understand that I will be required to serve a ninety (90) day probationary period. I further understand that my appointment is at the pleasure and discretion of the Tax Collector and can be terminated, with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the Tax Collector or myself. I understand that no supervisor or other representative of the Tax Collector's Office other than the Tax Collector has any authority to enter into any agreement for appointment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of appointment or my continued appointment that upon reasonable suspicion, I may be requested by the Tax Collector to submit to a urinalysis or other drug or alcohol screen test and that my failure to take such test (s) when requested to do so or unsatisfactory test results will disqualify me from consideration for appointment, or if I am then appointed, may result in my immediate dismissal.

I certify that I have read, understand and agree with the above.

Signature of Applicant: _____

Date: _____

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